

## DMV Lane Technician Observation Report

|  |                                     |   |                                     |
|--|-------------------------------------|---|-------------------------------------|
| <b>DMV Technician:</b> <i>Cugini Joe</i>                             |                                     | <b>Position:</b> <u>1 or 2</u>            |                                     |
| <b>Station:</b> <i>New Castle</i>                                    | <b>Date:</b> <i>5/30/13</i>         | <b>Time:</b> <i>1:00</i>                  |                                     |
| <b>Vehicle Make:</b> <i>Toyota</i>                                   | <b>Model:</b> <i>TDI</i>            | <b>Year:</b> <i>1995</i>                  |                                     |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <i>GAS</i>        | <b>Registration Number:</b> <i>122311</i> |                                     |
| <b>Auditor:</b> <i>Condate</i>                                       |                                     | <b>Covert / Overt</b> (circle one)        |                                     |
|  | <b>YES</b>                          | <b>NO</b>                                 | <b>N/A</b>                          |
| 1. Did technician check vehicle paper work and verify VIN number?    | <input checked="" type="checkbox"/> |   |                                     |
| 2. Was <b>Emissions</b> testing required?                            | <input checked="" type="checkbox"/> |   |                                     |
| a) Was Emissions testing performed using OBD?                        |                                     |   |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             | <input checked="" type="checkbox"/> |   |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  | <input checked="" type="checkbox"/> |   |                                     |
| d) Was Emissions testing performed using Clip?                       |                                     |   |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               | <input checked="" type="checkbox"/> |   |                                     |
| a) Was Catalytic Converter inspection performed?                     | <input checked="" type="checkbox"/> |   |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                                     |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                                     |   |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                                     |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                                     |   |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                                     | <input checked="" type="checkbox"/>       |                                     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                                     |   |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                                     |   |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                                     |   |                                     |
| 7. Was Two-Speed Idle testing required?                              | <input checked="" type="checkbox"/> |   |                                     |
| a) Was Two-Speed Idle testing performed?                             | <input checked="" type="checkbox"/> |   |                                     |
| <b>Sussex County Only</b>  |                                     |   |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                                     |   |                                     |
| a) Was Curb Idle testing performed?                                  |                                     |   |                                     |
| <b>Comment:</b>  |                                     |   |                                     |
|  |                                     |   |                                     |
|  |                                     |   |                                     |
|  |                                     |   |                                     |
|  |                                     |   |                                     |
| Lane Supervisor Signature:   |                                     |   |                                     |